

## TEMPORARY HAZARD PAY REQUEST

### **Part I - Supervisor/Union**

Department \_\_\_\_\_ Division \_\_\_\_\_ Unit \_\_\_\_\_

Location of Hazardous Condition \_\_\_\_\_ Date(s)/period \_\_\_\_\_

Name of Supervisor/Union Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Purpose of Work Activity \_\_\_\_\_

Specific Description of Hazards(s) \_\_\_\_\_

Frequency of exposure to above hazards (daily, 3 days a week, once a month, 3 times a year, once, etc.) \_\_\_\_\_

Classes of employee(s) exposed to the unusually hazardous conditions:

<u>Position Classification Title</u>	<u>No. of Employees</u>	<u>B.U. No.</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Efforts to Eliminate, or Control Hazard(s) (i.e. guarding equipment, substitution employee training, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment or Machinery Used \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Protective Equipment Utilized \_\_\_\_\_

\_\_\_\_\_

Accident History involving the prescribed work activity (past 5 years). If none, please state none.

	<u>Date</u>	<u>Location of Injury</u>	<u>Type of Injury</u>	<u>Lost Work Days</u>	<u>Corrective Action Taken</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Signature of Supervisor/Agent \_\_\_\_\_ Date \_\_\_\_\_

## **Part II - Division Chief**

HRD Inspection Requested: Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Investigation by Division (findings) \_\_\_\_\_

Can the hazardous condition(s) be eliminated, reduced or controlled? Explain.

Recommendation(s) \_\_\_\_\_

Division Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Part III - Personnel Officer**

Recommendation: Hazard Pay \_\_\_\_ No Hazard Pay \_\_\_\_

Extension: Yes \_\_\_\_ No \_\_\_\_

Remarks: \_\_\_\_\_

Personnel Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Part IV - Department Director**

Concur \_\_\_\_ Do Not Concur \_\_\_\_

Remarks: \_\_\_\_\_

Director's Signature \_\_\_\_\_